

Fill in this information to identify the case:

Debtor name CloudMine, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) 18-17341

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>1 Password Suite 303 49 Spadina Avenue Toronto, Canada, M5V 2J1</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$44.91</b>
3.2	Nonpriority creditor's name and mailing address <b>A-lign 400 N Ashley Drive Suite 1325 Tampa, FL 33602</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$11,193.58</b>
3.3	Nonpriority creditor's name and mailing address <b>ADT Security 1 Town Center Road Boca Raton, FL 33486</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor/utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$60.10</b>
3.4	Nonpriority creditor's name and mailing address <b>Albany Medical (Sommi Health, Inc.) 43 New Scotland Avenue (MC) Albany, NY 12208</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$0.00</b>

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3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Albert Wray</b> <b>4 Hempstead Road</b> <b>Newtown Square, PA 19073</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Alpine Security, LLC</b> <b>7 Eagle Center</b> <b>Suite B-5</b> <b>O Fallon, IL 62269</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Amazon Web Services, Inc.</b> <b>410 Terry Ave North</b> <b>Seattle, WA 98109-5210</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$68,327.34</b>
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>1600 John F Kennedy Blvd H</b> <b>Philadelphia, PA 19103-2852</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$40,373.35</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>American Heart Association, Inc.</b> <b>7272 Greenville Avenue</b> <b>Dallas, TX 75231</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Amgen U.S.A., Inc.</b> <b>P.O. Box 667</b> <b>Newbury Park, CA 91319-0667</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>App Minis</b> <b>156 2nd Street</b> <b>Suite 211</b> <b>San Francisco, CA 94105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Appcetera IMD Health Group, LLC</b> <b>119 W. Gregory Blvd.</b> <b>Kansas City, MO 64114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Arthur Spector</b> <b>717 Earp Street</b> <b>Philadelphia, PA 19147</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Ashley Hannan</b> <b>1205 Wyngate Road</b> <b>Wynnewood, PA 19096</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Atlassian Sydney</b> <b>341 George St</b> <b>Sydney NSW 2000</b> <b>Australia</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$406.90</b>
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>AXA Advisors</b> <b>40 Monumemtn Road</b> <b># 205</b> <b>Bala Cynwyd, PA 19004</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Baer Crossey McDemus, LLC</b> <b>1500 Walnut Street</b> <b>Suite 501</b> <b>Philadelphia, PA 19102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Legal Services</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Bailey Chestnut Partners, LP</b> <b>c/o Thylan Assoc., Inc. 805 3rd Avenue</b> <b>10th Floor</b> <b>New York, NY 10022</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,029.79</b>
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Barnes and Noble College</b> <b>129 Mountain View Blvd.</b> <b>Basking Ridge, NJ 07920</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Benjamin Cohen</b> <b>49 Dover Street</b> <b>Apt. 24</b> <b>Somerville, MA 02144</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Brendan McCorkle</b> <b>310 Cornell Avenue</b> <b>Swarthmore, PA 19081</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Investor - Convertible Note</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,206.00</b>
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Brett Taylor</b> <b>2323 Race Street</b> <b>Unit 504</b> <b>Philadelphia, PA 19103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>CAMBRIDGE INNOVATION</b> <b>One Broadway</b> <b>14th Floor</b> <b>Cambridge, MA 02142</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Cemah Tudae-Torboh</b> <b>579 Fountain Street</b> <b>Philadelphia, PA 19128</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Center for Discovery</b> <b>4281 Katella Avenue</b> <b>Suite 111</b> <b>Los Alamitos, CA 90720</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>CloudMine, Inc.</b> Name	Case number (if known)	<b>18-17341</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Children's Hospital of Philadelphia</b> <b>3401 Civic Center Blvd.</b> <b>Philadelphia, PA 19104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Chubb</b> <b>P.O. Box 382001</b> <b>Pittsburgh, PA 15250-8001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Insurance carrier</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>CIRCLECI</b> <b>201 Spear Street</b> <b># 1200</b> <b>San Francisco, CA 94105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Clenz Philly</b> <b>1215 Crease St</b> <b>Philadelphia, PA 19125</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$950.40</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Cleveland Clinic</b> <b>PO Box 931820</b> <b>Cleveland, OH 44193</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,500.00</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>1701 JFK Blvd.</b> <b>Philadelphia, PA 19103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Utility</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$308.18</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Corey Crawford</b> <b>1013 Jackson Street</b> <b>Philadelphia, PA 19148</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	<b>CloudMine, Inc.</b> Name	Case number (if known)	<b>18-17341</b>
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>CT Corporation</b> <b>P.O. Box 4349</b> <b>Carol Stream, IL 60197-4349</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Datadog, Inc.</b> <b>620 8th Ave, 45th Floor</b> <b>New York, NY 10018</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,860.00</b>
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3.35	<b>Nonpriority creditor's name and mailing address</b> <b>DeSimone Group Investments, LLC</b> <b>6 Esterbrook Lane</b> <b>Cherry Hill, NJ 08003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Investor - Convertible Note</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$295,374.00</b>
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3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Digicert, Inc.</b> <b>2801 N. Thanksgiving Way</b> <b># 500</b> <b>Lehi, UT 84043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Discover.Org LLC</b> <b>Unit 94</b> <b>PO Box 4500</b> <b>Portland, OR 97208</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,970.00</b>
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>DocOpC</b> <b>70411 LA-21</b> <b>Covington, LA 70433</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Dropbox</b> <b>333 Brannan Street</b> <b>San Francisco, CA 94107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor	<b>CloudMine, Inc.</b> Name _____	Case number (if known)	<b>18-17341</b>
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Duo Security</b> <b>489 S. El Camino Real</b> <b>San Mateo, CA 94401</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.00</b>
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Eastern National</b> <b>470 Maryland Drive</b> <b>Suite 1</b> <b>Fort Washington, PA 19034</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Eisner Amper, LLP</b> <b>750 Third Avenue</b> <b>New York, NY 10017-2703</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Elasticsearch, Inc.</b> <b>PO Box 398523</b> <b>San Francisco, CA 94139-8523</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,983.00</b>
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Envoy</b> <b>410 Townsend Street</b> <b>Suite 410</b> <b>San Francisco, CA 94107</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119.00</b>
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3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Excellis Interactive</b> <b>1325 Morris Drive</b> <b>Suite 120</b> <b>Wayne, PA 19087</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Expensify</b> <b>548 Market street</b> <b>Suite 61434</b> <b>San Francisco, CA 94104</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47.25</b>
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Debtor	<b>CloudMine, Inc.</b> Name _____	Case number (if known)	<b>18-17341</b>
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>Foxpass</b> <b>1540 Market Street</b> <b>Anchor Suite 100</b> <b>San Francisco, CA 94102</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450.00</b>
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Gartner</b> <b>12651 Gateway Blvd</b> <b>Fort Myers, FL 33913</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,154.00</b>
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3.49	<b>Nonpriority creditor's name and mailing address</b> <b>GitHub</b> <b>88 Colin P Kelly, Jr. Street</b> <b>San Francisco, CA 94107</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$142.00</b>
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3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Google</b> <b>1600 Amphitheatre Parkway</b> <b>Mountain View, CA 94043</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.55</b>
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3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Grasshopper Group</b> <b>197 1st Avenue</b> <b>Suite # 200</b> <b>Needham Heights, MA 02494</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$189.01</b>
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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Gusto</b> <b>525 20th street</b> <b>San Francisco, CA 94107</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.00</b>
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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>Hansel Akers, III</b> <b>450 N. 18th Street</b> <b>Apt. 1141</b> <b>Philadelphia, PA 19130</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	<b>CloudMine, Inc.</b> Name	Case number (if known)	<b>18-17341</b>
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3.54	<b>Nonpriority creditor's name and mailing address</b> <b>HIMSS</b> <b>6923 Eagle Way</b> <b>Chicago, IL 60678</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,875.00</b>
<hr/>			
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Hitrust Alliance</b> <b>6175 Main Street</b> <b>Suite 420</b> <b>Frisco, TX 75034</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>			
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Hotovo</b> <b>Sturova 44</b> <b>04001 Kosice SLOVAKIA</b> <b>Kosice</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,753.00</b>
<hr/>			
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>HubSpot</b> <b>25 First Street, 2nd Floor</b> <b>Cambridge, MA 02141</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,726.00</b>
<hr/>			
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Human Interest (FKA Captain401)</b> <b>300 Montgomery Street</b> <b>Suite 350</b> <b>San Francisco, CA 94104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>			
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Hummingbird Networks</b> <b>980 Enchanted Way</b> <b># 204</b> <b>Simi Valley, CA 93065</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>			
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Instapage, Inc.</b> <b>118 King Street</b> <b>Suite 450</b> <b>San Francisco, CA 94107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$79.00</b>

Debtor **CloudMine, Inc.**

Case number (if known)

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3.61	<b>Nonpriority creditor's name and mailing address</b> <b>INTERCOM, Inc.</b> <b>55 2nd Street</b> <b>4th Floor</b> <b>San Francisco, CA 94105</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$70.60</b>
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Intuit</b> <b>2700 Coast Avenue</b> <b>Mountain View, CA 94043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89.75</b>
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Iron IO CH</b> <b>288 7th Street</b> <b>San Francisco, CA 94103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$749.00</b>
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>James Nichols</b> <b>60 Shorefront Park</b> <b>Norwalk, CT 06854</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Investor - Convertible Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>JAMF Software</b> <b>NW 6335, PO Box 1450</b> <b>Minneapolis, MN 55485</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,349.00</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Jeffrey Gardosh</b> <b>111 E. Madison Avenue</b> <b>Collingswood, NJ 08108</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>JetBrains</b> <b>989 E. Hillside Blvd.</b> <b># 200</b> <b>San Mateo, CA 94404</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$140.18</b>

Debtor	<b>CloudMine, Inc.</b> Name _____	Case number (if known)	<b>18-17341</b>
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3.68	<b>Nonpriority creditor's name and mailing address</b> <b>JFrog</b> <b>270 E. Caribbean Drive</b> <b>Sunnyvale, CA 94089</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14.17</b>
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3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Lawrence J. Hollander Revocable Living Trust Dated 11-19-2007</b> <b>23220 Sanabria Loop</b> <b>Bonita Springs, FL 34135</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Investor - Convertible Note</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
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3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Linked In</b> <b>62228 Collections Center Drive</b> <b>Chicago, IL 60693-0622</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$794.89</b>
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3.71	<b>Nonpriority creditor's name and mailing address</b> <b>LogMein</b> <b>320 Summer Street</b> <b>Boston, MA 02210</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$172.29</b>
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3.72	<b>Nonpriority creditor's name and mailing address</b> <b>MEDAP, LLC</b> <b>269 S. 9th Street</b> <b>Philadelphia, PA 19107</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Mentortech Ventures III LP</b> <b>3401 Grays Ferry Avenue</b> <b>Philadelphia, PA 19146</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Investor - Convertible Note</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$316,492.00</b>
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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Microsoft</b> <b>One Microsoft Way</b> <b>Redmond, WA 98052</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89.64</b>
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Debtor	<b>CloudMine, Inc.</b> Name	Case number (if known)	<b>18-17341</b>
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3.75	<b>Nonpriority creditor's name and mailing address</b> <b>MongoDB, Inc.</b> <b>4365, PO Box 894365</b> <b>Los Angeles, CA 90189-4365</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Morgan, Lewis &amp; Bockius LLP</b> <b>1701 Market Street</b> <b>Philadelphia, PA 19103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Legal Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Okta</b> <b>301 Brannan street</b> <b>San Francisco, CA 94107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$243.00</b>
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3.78	<b>Nonpriority creditor's name and mailing address</b> <b>PACT</b> <b>200 S. Broad Street</b> <b>Suite # 700</b> <b>Philadelphia, PA 19102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Pagerduty, Inc.</b> <b>600 Townsend Street</b> <b># 200</b> <b>San Francisco, CA 94103</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$103.68</b>
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3.80	<b>Nonpriority creditor's name and mailing address</b> <b>PECO</b> <b>2610 S Delaware Ave</b> <b>Philadelphia, PA 19148-4208</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utility</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$294.05</b>
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3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Philadelphia Insurance Companies</b> <b>P.O. Box 70251</b> <b>Philadelphia, PA 19176-0251</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor	<b>CloudMine, Inc.</b> Name	Case number (if known)	<b>18-17341</b>
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3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Postdot Technologies, Inc.</b> <b>595 Market street</b> <b>San Francisco, CA 94105</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10.00</b>
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3.83	<b>Nonpriority creditor's name and mailing address</b> <b>PR Newswire Assoc.</b> <b>600 Harrison Street</b> <b>San Francisco, CA 94107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
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3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Q Compile, Inc.</b> <b>665 Mountainview Road</b> <b>Berwyn, PA 19312</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Rachel Cosgrove</b> <b>241 Dickinson Street</b> <b>Philadelphia, PA 19147</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Redox, Inc.</b> <b>2020 Eastwood Drive</b> <b>Madison, WI 53704</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Redox, Inc.</b> <b>2020 Eastwood Drive</b> <b>Madison, WI 53704</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$26,640.00</b>
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3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Robinhood Ventures</b> <b>1755 N. 13th Street</b> <b>Box # 183</b> <b>Philadelphia, PA 19122</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Investor - Convertible Note</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81,319.40</b>
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Debtor	<b>CloudMine, Inc.</b> Name _____	Case number (if known)	<b>18-17341</b>
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3.89	<b>Nonpriority creditor's name and mailing address</b> <b>RUNSCOPE.COM</b> <b>#14137 Market Street</b> <b>San Francisco, CA 94104-5401</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$199.00</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>SaaSOptics, LLC</b> <b>5185 Peachtree Parkway</b> <b>Suite 280</b> <b>Norcross, GA 30092</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Safeguard Fund Management, Inc.</b> <b>170 N. Radnor-Chester Road</b> <b>Suite 200</b> <b>Wayne, PA 19087</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$122,000.00</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Safeguard Scientific, Inc.</b> <b>170 N. Radnor-Chester Road</b> <b>Suite 200</b> <b>Wayne, PA 19087</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Investor - Convertible Note</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,438,681.00</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Salesforce Com Sales</b> <b>1 Market Street</b> <b># 300</b> <b>San Francisco, CA 94105</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>SENDGRID</b> <b>1801 California Street</b> <b>5th Floor</b> <b>Denver, CO 80202</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$49.95</b>
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Set Point Medical</b> <b>25101 Rye Canyon Loop</b> <b>Valencia, CA 91355</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	<b>CloudMine, Inc.</b> Name _____	Case number (if known)	<b>18-17341</b>
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3.96	<b>Nonpriority creditor's name and mailing address</b> <b>SIIA</b> <b>1090 Vermont Avenue NW</b> <b>6th Floor</b> <b>Washington, DC 20005-4905</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Slack Technologies</b> <b>500 Howard Street</b> <b>San Francisco, CA 94105</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81.00</b>
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3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Small Improvements - Data Solutions</b> <b>Thurmann GbR Isarstr. 13</b> <b>14974 Ludwigsfelde</b> <b>Germany</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Solarwinds</b> <b>7171 Southwest Parkway</b> <b>Bldg. 400</b> <b>Austin, TX 78735</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45.95</b>
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3.100	<b>Nonpriority creditor's name and mailing address</b> <b>SUFU</b> <b>1100 E. Woodfield Road</b> <b>Suite 350</b> <b>Schaumburg, IL 60173</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Sympact-X, Inc.</b> <b>Div. of Clinical Epidemiology, V Bld.</b> <b>Royal Victoria Hosp. 687 Pine Ave W</b> <b>Montreal, Canada H3A1A1</b> <b>30000</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Synced Care</b> <b>200 Locust Street</b> <b>Suite 301</b> <b>Harrisburg, PA 17101</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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Debtor **CloudMine, Inc.**Case number (if known) **18-17341**

3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Thomas Jefferson University Hospital</b> <b>Information Services &amp; Technology</b> <b>833 Chestnut Street</b> <b>Philadelphia, PA 19107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Total Tech</b> <b>10601-G Tierra Santa Blvd.</b> <b># 225</b> <b>San Diego, CA 92124</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Traction Labs</b> <b>225 Bush Street</b> <b># 370</b> <b>San Francisco, CA 94104</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Trales</b> <b>205 Marne Ave</b> <b>Haddonfield, NJ 08033</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>FOR NOTICE PURPOSES ONLY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>UBERCONFERENCE</b> <b>100 California Street</b> <b>Suite 500</b> <b>San Francisco, CA 94111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35.85</b>
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Validic</b> <b>300 W Morgon Street</b> <b>Suite 1200</b> <b>Durham, NC 27701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Vendor</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45,900.00</b>
3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>140 W. street</b> <b>New York, NY 10007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Utility</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$463.92</b>



Debtor	<b>CloudMine, Inc.</b> Name	Case number (if known)	<b>18-17341</b>
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3.110	<b>Nonpriority creditor's name and mailing address</b> <b>William Raymond</b> <b>1118 Carpenter Street</b> <b>Floor 1</b> <b>Philadelphia, PA 19147</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.111	<b>Nonpriority creditor's name and mailing address</b> <b>WP ENGINE</b> <b>504 Lavaca Street</b> <b># 1000</b> <b>Austin, TX 78701</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$600.00</b>
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3.112	<b>Nonpriority creditor's name and mailing address</b> <b>Yesware</b> <b>75 Kneeland Street</b> <b>Boston, MA 02111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>FOR NOTICE PURPOSES ONLY</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.113	<b>Nonpriority creditor's name and mailing address</b> <b>Zapier, Inc.</b> <b>548 Market Street</b> <b># 62411</b> <b>San Francisco, CA 94104-5401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15.00</b>
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3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Zenefits</b> <b>250 Brannan Street</b> <b>San Francisco, CA 94107</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$30.00</b>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>HIMSS</b> <b>3310 W. Monroe Street</b> <b>Suite 1700</b> <b>Chicago, IL 60603</b>	Line <u>3.54</u>  <input type="checkbox"/> Not listed. Explain ____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	\$	<b>0.00</b>
5b. Total claims from Part 2	+	<b>4,582,675.68</b>

Debtor **CloudMine, Inc.**  
Name

Case number (if known) **18-17341**

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c.

\$	<b>4,582,675.68</b>
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